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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7355

SERIAL NUMBER 10/658,782	FILING DATE 09/08/2003 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. PP-19199.002
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### APPLICANTS

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### \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/409,515 09/09/2002

m m.

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 22	CLAIMS 32	CLAIMS 4
Verified and Acknowledged	Examiner's Signature m m m m Initials MM				

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### TITLE

HCV assay

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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